

CENTRAL TEXAS COLLEGE CERTIFICATE OF DESTRUCTION

Campus: _____

Campus representative: _____

Campus telephone number: _____

Campus representative email: _____

Date of destruction: _____

Method of destruction:

☐ Disk Wiping

☐ Shredding

☐ Dismantle

☐ Other: _____

MODEL NUMBER	SERIAL NUMBER

I, _____, do hereby certify that the equipment listed above was destroyed in accordance with Central Texas College District policy, CTCD Hard Drive Destruction Policy.

Signature

Date